

COMMONWEALTH of VIRGINIA

Donor Form - Leave Sharing Program

I wish to donate annual leave hours as indicated below. I understand that I cannot reclaim these donated annual leave hours after they have been processed to the recipient, except as permitted by Policy 4.35.

DONOR NAME: _____

SSN OR ID #: _____

AGENCY NAME/NO.: _____

ANNUAL LEAVE HOURS DONATED: _____

RECIPIENT'S NAME OR CASE #: _____

RECIPIENT'S SSN OR ID # (if known): _____

RECIPIENT'S AGENCY/NO.: _____

DONOR'S SIGNATURE: _____ DATE: _____

AGENCY LEAVE ADMINISTRATOR: _____

DATE RECEIVED: _____

DO NOT place in Employee's Personnel File
Destroy in accordance with the Library of Virginia's Retention and Disposition Schedules